

time, after applying the drops. In some cases benefit has accrued at once, has continued as long as the drops have been used, and has lasted for a varying period after their discontinuance. In some, the improvement has passed off, and I have been obliged to increase the strength of the solution in order to continue the effect. In other cases, and they have been few, no benefit whatever has resulted.

He has found these solutions more especially beneficial in two classes of patients.

The first and chief class consists of cases of slight hypermetropia in young adults, where the error of refraction has caused no defect of vision until—through some failure of general health, or perhaps from overtaxing the eyes by an excess of near work—the power of accommodation has failed, and then there has arisen an array of troubles sufficiently well known; headache after near work, and inability to continue at it for any length of time, especially if by artificial light, being chief among the number. In such patients the treatment is particularly valuable, and may keep the power of near vision at its normal standard, until with rest and an improvement of the general health, the muscle recovers its normal power. As an example of this class he mentions the case of a young lady, who was sent to me suffering from all the troubles incident to the presence of an accommodating power insufficient to compensate for the slight amount of hypermetropia (1 D) which existed. Her sight had been good until a few months before coming to me, when she thought she strained her eyes by doing an unusual amount of near work by artificial light. Her far vision was good, and she could read D 0.5 Snellen for a short time with ease. The use of  $\frac{1}{4}$  grain solution of eserine three times a day caused immediate improvement, and at the end of a fortnight she wrote to me saying that she was able to paint and read steadily and with comfort for a much longer period than she had been able to do for six months before.

Secondly: patients with high myopia, even when fitted with suitable glasses, are sometimes unable to use them with any comfort for near vision, this being often in great part due to the feeble accommodating power such myopic eyes possess. These persons will speak gratefully of the benefit they derive from the use of weak solutions of eserine.

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#### *Trephining the Pyramid of the Petrous Bone.*

GLUCK attempted on the cadaver to ligate the internal carotid in its canal, and succeeded in fifteen cases in chiselling out the artery in its whole course, without wounding the jugular vein or the transverse sinus. He therefore believes that, in conditions which demand trephining of the mastoid process, we can gain a more radical cure by resection of the pyramid of the temporal bone with the chisel. The author subsequently had an opportunity of proving in a case that such an operation was feasible. A patient with chronic suppuration of the middle ear was suddenly attacked, after previous and repeated hemorrhage from the right ear, with violent headache, sudden fainting, convulsions, and amaurosis, which were followed by a soporous condition, facial paralysis, and paralysis of the right arm. A collection of pus between the dura and pia maters, as a result of the otorrhea and erosion of the internal carotid, appeared to be the probable condition, and was thus diagnosticated. After chiselling away the posterior wall of the meatus, a portion of the mastoid process and of the temporal bone, the dura mater was extensively exposed, as a bluish, tightly-stretched, fluctuating sac. The dura mater was then opened, whereupon about 60 grm. of thick fetid pus which had lain between the dura and the pia escaped. The finger could be pushed up into the cavity as far as the internal occipital protuberance. Death ensued on the following night. At the post-mortem examination the dura mater

was found sunken into the slightly concave surface of the brain upon the operated side, while its inner surface, from the longitudinal sinus to the base of the brain, was covered with an adherent layer of pus. The base of the skull was unaltered. There does not seem to have been any accurate examination of the ear, from which, however, the disease had its starting-place.—*Archives of Otology*, June, 1883.

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## MIDWIFERY AND GYNÆCOLOGY.

### *Extra-Uterine Pregnancy.*

Professor A. I. KRASSOWSKI records an interesting case of extra-uterine pregnancy which he successfully interrupted by means of paracentesis through the vaginal fornix. The patient, aged 23, had two normal labours. Her third pregnancy was recognized as extra-uterine by Dr. I. F. Smolensky, who based his diagnosis chiefly on the presence of a gradually growing, moderately movable, painless, ovoid tumour felt in the lesser pelvis through the left half of the vaginal fornix as well as through the thin abdominal wall. From the rather enlarged but empty wound, the tumour was separated by an interspace of a finger's breadth. Having been called to the patient, the author confirmed Smolensky's diagnosis. He found also that the swelling consisted of two distinct parts: the anterior (nearest to the abdominal wall) solid, and the posterior soft and fluctuating. The late Professor M. I. Horwitz and Dr. V. N. Etlinger, consulted by the author, agreed with him in regard both to his view of the case (tubo-ovarian pregnancy about the end of the fourth month), and to the urgent necessity of arresting the further course of pregnancy. Accordingly, a long curved trocar, as large as a raven's quill, was plunged into the fluctuating part of the tumour. About three and a half ounces of a clean transparent fluid escaped, the last portions being tinged with blood. No untoward symptoms followed, except that, from the third to the tenth day after the operation, there was observed some oozing of dark thick blood from the uterus. A month later, quite normal catamenia appeared. The tumour began to shrink and to become denser, more uneven, and more movable. Two months after the operation its size was only a half of the former bulk. The general state of the patient remains quite satisfactory. Professor Krassowski joins Spiegelberg, Schröder, Fränkel, and others in recommending puncture of the ovum in every case of suspected tubal or tubo-ovarian pregnancy.—*London Med. Record*, July, 1883.

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### *Metria.*

In the Section of Obstetric Medicine at the annual meeting of the British Medical Association in August, 1883, an interesting and instructive debate occurred on this subject.

Dr. LOMBE ATTHILL, in opening the discussion, said that the pathology of metria is still far from being perfectly understood. Two facts alone are admitted by all who have studied the subject carefully: namely, first, that puerperal women are liable, under certain circumstances, to be inoculated with septic matter conveyed to, and deposited in, the vagina by the hands of the attendants, as well as by other agencies, when, either through carelessness or ignorance, proper precautions have not been adopted to prevent such an occurrence; and that the disease produced by such inoculation is not an unfrequent source of one of the forms